

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024437

STATE FILE NUMBER

FILED JUL 10 1958

Registration District No. 374 Primary Registration District No. 6272 Registrar's No. 30

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                               |  |                                                                                                                                                               |  |                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Worth</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>                      |  |                                                                                                                                                                          |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>Allen TWP</b><br>TOWN <b>Allen TWP</b>                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                               |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                          |  | c. CITY OR TOWN <b>11300</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2 MI North Of Denver MO</b>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                               |  | Length of stay in lb <b>25 YRS</b>                                                                                                                            |  | d. STREET ADDRESS (If outside, give location)<br><b>2MI North of Denver, MO</b><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>IVY</b> Middle <b>D</b> Last <b>BRIDGES</b>                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                               |  | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>27</b> Year <b>1958</b>                                                                                          |  |                                                                                                                                                                          |  |
| 5. SEX<br><b>M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 6. COLOR OR RACE<br><b>White</b>                                                                              |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>March 23, 1882</b>                                                                                                                                |  |
| 9. AGE (In years birthday)<br><b>76</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                             |  | 11. BIRTHPLACE (City and state or country)<br><b>Worth Co, MO</b>                                                                                                        |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 13a. FATHER'S NAME<br><b>JOHN D BRIDGES</b>                                                                   |  | 13b. MOTHER'S MAIDEN NAME<br><b>JANE WILSON</b>                                                                                                               |  | 14. NAME OF HUSBAND OR WIFE<br><b>VIVIAN BRIDGES</b>                                                                                                                     |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, name unknown) (If yes, give war or dates of service)<br><b>NO</b>                                                                                                                                                                                                                                                                                                                                                                         |  | 16. SOCIAL SECURITY NO.<br><b>500-36-1082</b>                                                                 |  | 17. INFORMANT<br>Address <b>MRS INA SCHILLING DENVER MO</b>                                                                                                   |  |                                                                                                                                                                          |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic Cardiovascular Disease</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) <b>4221</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Osteoarthritis severe</b> |  |                                                                                                               |  |                                                                                                                                                               |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b>                                                                                                                       |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                       |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                  |  |                                                                                                                                                               |  |                                                                                                                                                                          |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. _____<br>Month, Day, Year _____                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                               |  |                                                                                                                                                               |  |                                                                                                                                                                          |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                      |  | 20f. CITY, TOWN, OR LOCATION                                                                                                                                  |  | COUNTY _____ STATE _____                                                                                                                                                 |  |
| 21. I attended the deceased from <b>7A</b> to <b>June 27, 58</b> and last saw him alive on <b>June 27, 58</b><br>Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                     |  |                                                                                                               |  |                                                                                                                                                               |  |                                                                                                                                                                          |  |
| 22a. SIGNATURE<br><b>Frank B. Matteson</b> (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                               |  | 22b. ADDRESS<br><b>Grant City, MO</b>                                                                                                                         |  | 22c. DATE SIGNED<br><b>6-28-58</b>                                                                                                                                       |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 23b. DATE<br><b>June 28, 1958</b>                                                                             |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Miller Cemetry</b>                                                                                                   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Denver, MO</b>                                                                                                       |  |
| 24. FUNERAL DIRECTOR<br><b>A. Bram</b> ADDRESS <b>Denver, MO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                               |  | 25. DATE RECD. BY LOCAL REG.<br><b>July 3, 1958</b>                                                                                                           |  | 26. REGISTRAR'S SIGNATURE<br><b>Leta E. Dawson</b>                                                                                                                       |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John Andrews, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John Andrews .....

Licensed Embalmer No. 4211 .....

P. O. Address Grant City, Mo. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.